K072713

510(k) SUMMARY

OCT 12 2007

DENTSPLY International
Susquehanna Commerce Center West
221 West Philadelphia Street, Suite 60
York, PA 17405-0872

CONTACT: Helen Lewis

DATE PREPARED: September 24, 2007

TRADE OR PROPRIETARY NAME: ION Dental Resin System

CLASSIFICATION NAME: Mouthguard, MQC, Inclassified

PREDICATE DEVICES: Trubyte Denture Base Resin System (K032892)

DEVICE DESCRIPTION: The ION Dental Resin System includes visible light cured materials in arch form, intended for the fabrication of prescription therapeutic interdental appliances (such as occlusal guards or splints) used to mitigate damage associated with parafunctional dental habits.

INTENDED USE: ION Dental Resin System is indicated for the fabrication and/or repair of prescription therapeutic dental appliances (e.g. occlusal guards) used to mitigate damage associated with parafunctional dental habits (e.g. bruxism).

TECHNOLOGICAL CHARACTERISTICS: The ION Dental Resin System represents a modification to K032892.

All of the components found in ION Dental Resin System have been used in legally marketed devices and/or were found safe for dental use. ION Dental Resin System has been evaluated and passed biocompatibility testing for cytoxicity, mutagenicity, dermal sensitization and irritation.

We believe that the prior use of the components of ION Dental Resin System in legally marketed devices, the performance data provided, and the biocompatibility data provided support the safety and effectiveness of ION Dental Resin System for the indicated uses.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 12 2007

Ms. Helen Lewis
Director of Corporate Compliance and Regulatory Affairs
DENTSPLY International, Incorporated
Susquehanna Commerce Center
221 West Philadelphia Street
York, Pennsylvania 17405-0872

Re: K072713
Trade/Device Name: ION Dental Resin System
Regulation Number: 21 CFR 872.3760
Regulation Name: Denture Relining, Repairing, or Rebasing Resin
Regulatory Class: II
Product Code: EBI and MQC
Dated: September 24, 2007
Received: September 25, 2007

Dear Ms. Lewis:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE STATEMENT

510(k) Number (if known): K072713

Device Name: ION Dental Resin System

Indications for Use:

ION Dental Resin System is indicated for the fabrication and/or repair of prescription therapeutic dental appliances (e.g. occlusal guards) used to mitigate damage associated with parafunctional dental habits (e.g. bruxism).

These are the same indications for use previously cleared for K032892.

Prescription Use __X__ (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE—CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Susan Runner

(Division Sign-Off)
Division of Anesthesiology, General Hospital
Infection Control, Dental Devices

510(k) Number: K072713